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Director
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Director
NIMH Addiction Research Center, PHSH, Lexington, Kentucky

Proposed Transfer of Dr. H. F. Fraser to a Defense Project

Pursuant to your telephone instructions, the following information which has a bearing on the proposed transfer of Dr. H. F. Fraser to a Defense Project is submitted.

Dr. Fraser currently is deeply involved in another Defense Project which is being carried on under a contractual arrangement with the Office of Naval Research. The contract number is NAonr 181-53. It comes under Capt. F. H. Culmby, Head, Physiology Branch, Office of Naval Research. The project has been carried on since 1952. The contract was renewed on August 8, 1955 and provides sufficient ~~funds~~ to operate the project to July 1, 1956.

The object of the project is to develop a synthetic substitute for codeine. Such a substitute is badly needed since the current source of codeine is opium or morphine derived from opium. Seventy-five per cent of the nation's military and civilian needs for narcotic drugs are for codeine rather than for morphine. Since no adequate synthetic substitute (one which would be as safe from the point of view of toxicity and addiction liability) is available, this means that we must continue to stockpile opium. In the event of war the opium producing areas could be lost within a very short period of time, leaving the country entirely dependent on stockpiles of opium as a source of codeine. If a synthetic substitute could be found which is as safe as codeine, adequate manufacturing facilities for synthetic chemicals could provide all needs.

To date the project has uncovered one drug, the dextro-3-methyl-ether of Dromoran, which may be effective in the suppression of cough. This drug is currently under clinical trial. There is, however, no substance available which would replace codeine for relief of milder types of pain. Currently in progress are studies of dextro-propoxyphene, a synthetic compound in the methadone series, studies of the alpha-prodine analog in the hexemethyleneimine series, and studies on compounds in both the morphinan and meperidine series in which the phenethyl group has been substituted for the methyl group on nitrogen. All of these compounds have been submitted to the Drug Addiction Committee of the National Research Council and all are thought to have some potentiality as possible substitutes for codeine.

The testing of new synthetic analgesic drugs requires special training of the Officer on the job for a period of two years.

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Only Dr. Fraser and myself have the required training and experience. Neither Dr. Wikler or Dr. Essig do work in this field, so neither could adequately replace Dr. Fraser. Since we are currently operating two experimental wards, the entire burden would fall on myself, with a great increase in danger to our experimental patients since I can not handle two wards and my administrative duties in a proper fashion.

Transfer of Dr. Fraser at this time would, therefore, mean considerable slowdown in the analgesic testing program here. I do not think we would be able to fill our contractual obligations to the Office of Naval Research adequately. Consequently, both the Office of Naval Research and the Drug Addiction Committee of the National Research Council should be consulted before the transfer is effected.

Harris Isbell, M.D.

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